



## PSAP GRANT PROGRAM GRANT EXTENSION REQUEST FORM


|  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <b>PSAP Name (or Host PSAP):</b><br>Floyd County Dispatch Center   |                                       | <b>GRANT ID:</b><br>19-38             |
| <b>Project Name:</b><br>Non-Vendor Supported CHE Upgrade   |                                       | <b>Fiscal Year Awarded:</b><br>FY2019 |
| <b>Original Amount Awarded:</b><br>\$150,000   | <b>Amount Requested to Date:</b><br>0 |                                       |
| <b>Grant Extension Time Frame Needed (up to 12 months):</b><br>4 months  |                                       |                                       |
| <b>EXTENSION REQUEST JUSTIFICATION - Please describe the specific outstanding issues affecting the completion or implementation of the project.</b><br><br>The project has been completed, vendor has been paid, but we need more time to decipher the invoices to determine what was paid for and which proof of payment matches said invoices. It was a \$300,000 project, but some of the system is not covered by the grant. Invoices reflect 30% here another 30% there and 10% after signing off. The other is maintenance cost. I don't expect to take 4 months, but you never know if we will run into problems. |                                       |                                       |

**NOTE:** Grant extension requests must be submitted by March 15, 2019 at 5:00 pm. If the date of completion extends beyond six months, the PSAP will need to make a formal presentation to the Grant Committee for consideration. All grant extension requests need to be sent to the [psapgrants@vita.virginia.gov](mailto:psapgrants@vita.virginia.gov) mailbox for consideration.

**IMPLEMENTATION PLAN STATUS**  
**SHARED SERVICES & INDIVIDUAL PSAP APPLICATIONS**

For each applicable phase of the project, please provide reason(s) for slippage, and any other relevant information to support the extension request, in the comments section.

| PROJECT PHASE   | PLANNED<br>COMPLETION<br>DATE | ANTICIPATED<br>COMPLETION<br>DATE |
|---|-------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> <b>INITIATION</b> – Project concept is documented, local board or governing authority approval or endorsement is received, PSAP grant application is filed, local budgets are obtained, appropriated grant funds are approved, and budgetary estimates are obtained.<br><br>COMMENTS: | <b>03/15/2018</b>             | <b>03/15/2018</b>                 |
| <input checked="" type="checkbox"/> <b>DESIGN/PLANNING</b> - Requirements are documented, components to be purchased are identified, and general design is documented.<br><br>COMMENTS:   | <b>05/15/2018</b>             | <b>05/15/2018</b>                 |
| <input checked="" type="checkbox"/> <b>ACQUISITION</b> - RFP (or other bid related processes) are drafted, proposals are evaluated, contract is signed, purchase orders are issued, and quotes are obtained.<br><br>COMMENTS:   | <b>08/01/2018</b>             | <b>08/01/2018</b>                 |

|  |                                |                   |
|--|--------------------------------|-------------------|
| <input checked="" type="checkbox"/> <b>IMPLEMENTATION</b> - Purchased components are delivered and installed and training is performed.<br><br>COMMENTS:   | <b>09/26/2018</b>              | <b>10/10/2019</b> |
| <input checked="" type="checkbox"/> <b>TESTING/COMPLETION</b> - Performance of system/solution is validated and system/solution goes "live"<br><br>COMMENTS:   | <b>10/10/2019</b>              | <b>10/10/2019</b> |
| <input type="checkbox"/> <b>PROJECT/GRANT CLOSED</b> - Project or grant has been closed by submittal of all invoices or other payment documentation supporting the amount drawn down AND a Grant Closure Report has been submitted.<br><br>COMMENTS: | <b>MM/DD/YY</b>                | <b>MM/DD/YY</b>   |
| <b>SUBMITTED BY:</b>   |                                |                   |
| <b>Name/Signature:</b>    | <b>Title: E911 Coordinator</b> |                   |
| <b>Contact #:540-250-5251</b>  | <b>Date: 2/25/2020</b>         |                   |